



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

H. S. Chuang, M.D., P.A.

Respondent Name

Liberty Mutual Fire Insurance

MFDR Tracking Number

M4-15-3611-01

Carrier's Austin Representative

Box Number 01

MFDR Date Received

July 3, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "There was at least 30 minutes of face to face time between the physician and patient prior to the performing of EMG/NCV. The attached consultation report indicates the presenting problems are of moderate severity."

Amount in Dispute: \$250.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "... CPT code 99203 ... was denied with level of service not supported by documentation, the third key component – Medical decision making is not supported in the documented report. **EMG/NCS diagnostic interpretation is not considered Medical Decision Making** – interpretation of the EMG/NCS is the professional component of those codes and should not be counted as required key component of the E&M"

Response Submitted by: Liberty Mutual Insurance

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 27, 2015	Evaluation & Management, new patient (99203)	\$250.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the procedures for determining the fee schedule for professional services.

3. 28 Texas Administrative Code §133.240 sets out the procedures for paying or denying medical bills.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 150 – Not defined as required in 28 Texas Administrative Code §133.240
 - X901 – Documentation does not support level of service billed.
 - 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
 - W3 – Additional payment made on appeal/reconsideration

Issues

Did the requestor support the level of service for CPT Code 99203 as required by 28 Texas Administrative Code §134.203?

Findings

28 Texas Administrative Code §134.203(b)(1) states, in pertinent part, “for coding, billing reporting, and reimbursement of professional medical services, Texas Workers’ Compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; ... and other payment policies in effect on the date a service is provided...” Review of the submitted documentation finds that the requestor performed an office visit for the evaluation and management of a new patient.

The American Medical Association (AMA) CPT code description for 99203 is:

Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: **A detailed history; A detailed examination; Medical decision making of low complexity** [emphasis added]. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.

The 1997 Documentation Guidelines for Evaluation & Management Services is an appropriate Medicare guideline to determine the documentation requirements for the service in dispute. Review of the documentation finds the following:

- Documentation of the Detailed History:
 - “An *extended* [History of Present Illness (HPI)] consists of four or more elements of the HPI or the status of at least three chronic or inactive conditions.” Documentation found seven elements of the HPI, thus meeting this element.
 - “An *extended* [Review of Systems (ROS)] inquires about the system directly related to the problem(s) identified in the HPI and a limited number of additional systems. [Guidelines require] the patient’s positive responses and pertinent negatives for two to nine systems should be documented.” Documentation found nine systems reviewed. This element was met.
 - “A *pertinent* [Past Family, and/or Social History (PFSH)] is a review of the history area(s) directly related to the problem(s) identified in the HPI. [Guidelines require] at least one specific item from any of the three history areas must be documented for a pertinent PFSH.” The documentation found that three history areas were reviewed. This element was met.

The Guidelines state, “To qualify for a given type of history all three elements in the table must be met.” A review of the submitted documentation indicates that all three elements were met for a Detailed History; therefore this component of CPT Code 99203 was supported.

- Documentation of a Detailed Examination:
 - A “*detailed* [examination is] an extended examination of the affected body area(s) or organ system(s) and other symptomatic or related body area(s) or organ system(s)” which should include two to four systems, or it “should include performance and documentation of at

least twelve elements [of the Musculoskeletal Examination table].” A review of the submitted documentation finds that a limited examination was performed for four organ systems and only eight elements of the Musculoskeletal Examination table were documented. Therefore, this component of CPT Code 99203 was not met.

- Documentation of Decision Making of Low Complexity:
 - *Number of diagnoses or treatment options* – Review of the submitted documentation finds that a new problem to the examiner was presented with no additional workup planned, meeting the documentation requirements of Moderate complexity. Therefore, this element was exceeded.
 - *Amount and/or complexity of data to be reviewed* – Review of the documentation finds that no additional testing was ordered or additional data reviewed. The documentation does not support that this element met the criteria for low complexity of data reviewed.
 - *Risk of complications and/or morbidity or mortality* – Review of the submitted documentation finds that presenting problems include a stable chronic injury, which presents a low level of risk. “The highest level of risk in any one category...determines the overall risk.” The documentation supports that this element met the criteria for low risk.

“To qualify for a given type of decision making, **two of the three elements ... must be either met or exceeded.**” A review of the submitted documentation supports that this component of CPT Code 99203 was met.

Because only two components of CPT Code 99203 were met, the requestor failed to support the level of service required by 28 Texas Administrative Code §134.203 and no additional reimbursement can be recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature	Laurie Garnes Medical Fee Dispute Resolution Officer	July 24, 2015 Date
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YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.